

Participant Information

Please complete one form per person. Make copies as necessary.

ARE YOU A WAKE FOREST RESIDENT?:

☐ Yes ☐ No

GENDER:

☐ Male ☐ Female

AGE: _____

DATE OF BIRTH: _____

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS (optional):

☐ I would like to receive occasional email communications about Town of Wake Forest programs, services, and special events. By agreeing to receive email communications about Town of Wake Forest programs, services, and events, I understand my email address becomes subject to NC Public Records Law and could be provided to other organizations upon request. I may unsubscribe at any time.

Youth Athletic Leagues Only:

SCHOOL: _____

GRADE: _____

FATHER'S NAME: _____

FATHER'S DAY PHONE: _____

MOTHER'S NAME: _____

MOTHER'S DAY PHONE: _____

JERSEY SIZE: PANTS SIZE:

☐ Youth S ☐ Youth S
☐ Youth M ☐ Youth M
☐ Youth L ☐ Youth L
☐ Adult S ☐ Adult S
☐ Adult M ☐ Adult M
☐ Adult L ☐ Adult L
☐ Adult XL ☐ Adult XL

COACHING VOLUNTEERS:
(HEAD COACH)☐ Dad ☐ Mom ☐ Both

SIBLINGS:

Name(s) of sibling(s) in same age group/league, if any:

ARE YOU A NEW PARTICIPANT?

☐ **Yes.** You must present a birth certificate along with this registration form in order for the registration to be processed.

☐ **No.** We will confirm that we have your birth certificate on file. If we do not, you must provide one before we can process your registration.

Note: Registration for athletic programs will be accepted only during advertised registration periods.

PROGRAM TITLE / SPORT:

STARTING DATE:

DAY OF WEEK:

TIME:

FEE:

Health & Emergency Information

Parent/Guardian Name(s): _____ (H) Phone: _____ (W) Phone: _____

Emergency Contact: _____ (H) Phone: _____ (W) Phone: _____

Special Needs: The Wake Forest Parks & Recreation Department will attempt to provide accommodations for program participants when the need for accommodation is requested within two weeks. To insure a medically safe and appropriately planned program, please list any special need or precaution which may require accommodations for participating (i.e., visual or hearing impairment, mental or physical disability, heart condition, history of seizures, asthma, ADD, etc.)

Physician Name: _____ Phone: _____

Known Allergies: _____

Current Medications: _____

Parent/Guardian and Adult Participation Agreements: I, _____ (parent/guardian), do hereby give my permission for _____ (participant) to participate in the program offered by the Wake Forest Parks and Recreation Department known as _____.

By signing this document, I hereby absolve the Town of Wake Forest and any individuals, groups, or organizations officially connected in any manner with the above stated program of all liabilities concerning personal injury, property damage, equipment loss, or death. I realize that transportation to and from the program is my responsibility, and that if anyone connected with the program transports my child on my behalf, I will hold the party/parties involved blameless of any accident or injury that may occur. Such absolution is to be binding when the above individuals are acting within the scope of the activity. I hereby accept the instructor, supervision, facilities, and equipment, as being satisfactory for the program activity named above. I understand that insurance coverage is my/our responsibility, and I/we certify the I/we have read and agree to the terms stated above and that all information provided is correct to the best of my/our knowledge.

Photo Release: Your likeness may be captured by the Town of Wake Forest for use in promotional, news, or informational media. Your participation in this activity implies your consent. If you do not wish for your photo to be used, please contact the Parks & Recreation Department at (919) 435-9560.

Refund Policy: Class fees and athletic fees are 100% refundable when the class or league is canceled by the Wake Forest Parks & Recreation Department. Anyone wishing to withdraw from a class that has not been cancelled by the Wake Forest Parks & Recreation Department must request a refund, in writing, at least seven business days in advance before the scheduled start of the class or first practice. Refunds will not be given for withdrawals made less than the seven working day period other than for verified medical/hardship cases.

Non-Discrimination Policy: The Wake Forest Parks & Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with the Director of the Wake Forest Parks & Recreation Department or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, DC 20240.

Complete and sign registration form.▶▶
Return form and full payment by mail or in person.

Town of Wake Forest
Parks & Recreation Department
301 S. Brooks Street, Wake Forest, NC 27587

Parent/Guardian Adult Participant Signature _____ Date _____

Total Enclosed: \$ _____

Make check payable to: Town of Wake Forest

☐ I would like to receive an email confirmation of my payment.
I have provided my email address above.

OFFICE USE ONLY

☐ New ☐ Returning

Date Rcvd _____

Fee Paid _____

☐ BC attached ☐ BC on file

Rcvd By _____

☐ Cash☐ Check # _____☐ Credit Card